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**APPLICANTS**

Kadri N. Jabri, Waukesha, WI;  
 Gopal B. Avinash, New Berlin, WI; *SR*  
 Stephen W. Metz, Greenfield, WI;  
 John M. Sabol, Sussex, WI;  
 Jeffrey W. Eberhard, Albany, NY;  
 Bernard E.H. Claus, Niskayuna, NY;  
 John P. Kaufhold, Schenectady, NY;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 7	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>SR</i> Initials				

**ADDRESS**

33679

**TITLE**

Imaging chain for digital tomosynthesis on a flat panel detector

FILING FEE RECEIVED 1614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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